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TOBACCO USE PROGRAMS AT NAVY COMMANDS: 1990 SURVEY RESULTS

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SUMMARY

Problem

The Navy's tobacco use policy is aimed toward creating a healthy social and work environment that discourages the use of tobacco products, supports refraining from tobacco use, and provides tobacco users with encouragement and professional assistance to stop using tobacco products. At present, however, relatively little is known about how this policy is being implemented and what types of prevention and cessation programs and activities are being conducted. Of special interest are the programs and activities that medical treatment facilities have for tobacco use cessation and prevention because SECNAVINST 5100.13A directs that health care providers inquire about patients' tobacco use during routine examinations.

Objective

The objective of this study was to provide information regarding the implementation of Navy tobacco use policy and to document the extent to which tobacco use programs and activities are being conducted at commands throughout the Navy. Such information should help Navy health promotion policy makers develop more standardized and effective tobacco use prevention and cessation programs for Navy-wide dissemination.

Approach

Commands were surveyed about the tobacco use programs and activities conducted during the preceding year. A representative sample of Navy commands as well as all medical treatment facilities were targeted. Questions in the survey were oriented primarily toward gathering information about the prevalence and types of programs and activities being conducted. A separate section regarding physicians' tobacco-related practices with patients was included in the surveys to medical treatment facilities.

Results

More than 85% of Navy commands provided some type of educational materials or programs related to the cessation of tobacco use; the most common activities were placing announcements in the "plan-of-the-week," circulating flyers, and displaying posters. However, these activities were typically rated as only "somewhat useful" in helping to curb tobacco use. Approximately half of all commands offered some type of psychological or

behavioral tobacco use cessation program. Of those individuals who attended such a program, it was estimated that approximately one-third stopped their tobacco use and about one-half reduced their tobacco use as a result of the program. Over-the-counter smoking cessation aids were not widely available at Navy exchanges, individual commands, or medical treatment facilities. Furthermore, 61% of all commands reported that they had a written policy regarding tobacco use, of which most were modeled after SECNAVINST 5100.13A.

Several command subgroup differences were found. In general, large commands, shore commands, and medical treatment facilities more frequently provided both educational materials/programs and psychological/behavioral cessation programs than did small commands, sea commands, and nonmedical treatment facilities. Only about one-third of medical treatment facilities had a routine system for identifying tobacco users by glancing at their medical records. However, it was estimated that approximately 80% of medical treatment facility physicians routinely asked their patients about their tobacco use.

Recommendations

Findings from this survey suggest three primary recommendations for reducing the prevalence of tobacco use among Navy personnel:

1. All Navy commands should take a more active role in motivating tobacco users to make serious quit attempts; additionally, all commands should be required to have a written instruction delineating the Navy's and the command's policies regarding tobacco use.

2. Special efforts should be directed toward sea commands (especially surface ships) to reduce tobacco use; ships typically have higher rates of tobacco use and fewer prevention/cessation programs.

3. Standardized guidelines for Navy health care providers to help patients stop using tobacco should be prepared and disseminated Navy-wide; furthermore, a standardized, routine system for identifying tobacco users simply by glancing at a patient's records should be required for use by all medical treatment facilities.

Tobacco Use Programs at Navy Commands: 1990 Survey Results

Consistent with Department of Defense (DOD) policy (1), the Navy's goal is to create a healthy social and work environment that discourages the use of tobacco products, supports refraining from tobacco use, and provides tobacco users with encouragement and professional assistance to stop using tobacco products (2). To create a healthy social and work environment, several factors are emphasized: (a) personal example by top leadership in the implementation and adherence to tobacco use policy; (b) maximum discouragement of tobacco use at initial entry and training points as well as at morale, welfare, and recreation facilities; (c) general military training for all members regarding nicotine addiction and the health risks associated with tobacco use; and (d) restriction of tobacco use in Navy facilities anywhere tobacco use might impair the health of nonusers of tobacco or endanger life or property (3).

At present, however, relatively little is known about how the Navy's tobacco use policy is being implemented. There is very little documented information about the types of tobacco use prevention and cessation programs and activities being conducted at various Navy commands. For example, how many commands have <u>any</u> kind of tobacco prevention/cessation program? What <u>types</u> of activities or programs do commands currently have, if they have any at all? How useful do the current programs/activities seem to be? How many commands have written instructions documenting their policies regarding tobacco? How strongly enforced are restrictions on tobacco use?

Of special interest and concern are the programs and activities that medical treatment facilities (MTFs) have which are focused on tobacco use cessation and prevention. SECNAVINST 5100.13A (2) directs health care providers to inquire about their patients' tobacco use during routine examinations. Health care providers also are instructed to advise tobacco users of the risks associated with tobacco use, the benefits of stopping, and where to obtain assistance. Additionally, they are to advise all pregnant tobacco users of the health risks to the fetus. At present, however, there is no information available that can be used to estimate the extent to which such activities are being conducted.

To provide information related to these questions, a survey of Navy commands was conducted to document information regarding tobacco use

programs and activities currently being conducted throughout the Navy. A representative sample of Navy commands, as well as all MTFs, were targeted. The questions included in the survey were oriented primarily toward gathering information about the frequency and types of programs and activities being conducted, usefulness of these programs/activities, availability of over-the-counter aids for cessation of tobacco use, and status of each command's tobacco use policy. A separate section regarding physicians' tobacco-related practices with patients was included in the surveys mailed to MTFs. Such information should help Navy health promotion policy makers develop more standardized and effective tobacco use prevention and cessation programs for Navy-wide dissemination.

Methods

Participating Commands

The sample of commands was selected using computerized personnel tapes maintained by the Naval Military Personnel Command (NMPC). These tapes (last updated December, 1989) were used to develop a list of all Navy commands (based on "unit identification code" or UIC) along with the number of personnel assigned to each UIC. The sampling procedure was designed to select: (a) all MTFs, (b) all large commands with 600 or more personnel attached to them, and (c) a 10% random sample of smaller commands with at least 25 but less than 600 personnel. Very small commands, those with less than 25 personnel, were excluded (this category included many very small UICs but less than 5% of the Navy's total force). All MTFs and all large commands were included in the sample for two reasons: (a) the relatively small number of such commands made it feasible to include them all in this mail survey, and (b) it was expected that these commands might have more resources to reach larger numbers of Navy personnel; all MTFs and large commands were included so that this hypothesis could be examined.

This sampling procedure resulted in the selection of 425 UICs of which 19 had to be dropped: 14 UICs were essentially duplicates of other commands in the sample (e.g., separate UICs for ship detachments, patient UICs attached to MTFs, student UICs) and 5 were nonfunctional UICs (e.g., decommissioned ships, closed commands) by the time data collection was initiated. Thus, the sample included 406 commands, which was comprised of 131 large commands with 600 or more members and 275 smaller commands with at

least 25 but less than 600 members. Of these 406 commands, 41 were MTFs (of which 10, or 24.4%, were categorized as large commands and 31, or 75.6%, were small commands). Commands also were categorized according to whether they were sea commands (i.e., surface ships, submarines, or aircraft carriers) or shore commands. There were 281 shore commands (of which 77, or 27.4%, were large commands and 204, or 72.6%, were small commands) and 125 sea commands (54, or 43.2%, large and 71, or 56.8%, small).

The final survey response rate was 90.6% with 368 of the 406 targeted commands returning completed surveys. Of the responding commands, 119 were large commands (90.8% response rate among large commands) and 249 were smaller commands (90.5% response rate). Considering the other subgroups of commands, the following responded: 39 MTFs (95.1% response rate), 260 shore commands (92.5% response rate), and 108 sea commands (86.4% response rate).

Questionnaire Measures

The "Command Tobacco Use Intervention Survey" (see Appendix A) was developed to assess five major areas related to the provision and/or availability of tobacco use prevention and cessation programs and activities at Navy commands: (a) educational materials and programs, (b) psychological/behavioral programs, (c) over-the-counter aids, (d) command policy regarding tobacco use, and (e) activities specifically conducted at MTFs (nonmedical commands did not receive this section as part of their surveys). Questions typically asked about activities conducted during the past year as the frame of reference. Most questions used a forced-choice response format (e.g., yes or no; never, once, twice, three or more times; or a Likert-type format such as a 4-point scale from "not at all" to "highly useful"). A few questions required respondents to fill in a number or percent or provide a very brief description.

Procedures

Discussions with project managers at NMPC-601 (the source of tasking for this project) resulted in an agreement that the letter requesting completion of the survey would be sent by NMPC-601 to increase cooperation and elicit a timely response from the Navy commands being surveyed. Surveys were mailed to targeted commands during the last week of June 1990. In early August, a follow-up letter was sent to all commands that had not yet

returned a completed survey. The data collection period covered the time period from late June through August 1990.

Statistical Analyses

The data analyses conducted for this report were primarily descriptive, including frequency distributions, percentages, means, and standard deviations. Descriptive results were presented for the total group of all surveyed commands as well as for five subgroups of commands: large, small, sea, shore, and MTFs. Sporadic missing data in survey responses resulted in n sizes less than 368, which was the total possible, for most questions. Additionally, descriptive statistics for responses to the questions in Section V. of the survey (see Appendix A) were available only for MTFs. Independent t tests were performed to determine significant differences between command subgroups (alpha was set at .05). All statistical analyses were conducted using the SPSS-X package (4).

Results

To maximize the validity of the responses to the survey, the transmittal letter requested that the survey be completed by the Command Fitness Coordinator (CFC) or someone else knowledgeable about the command's tobacco use cessation programs. Almost one-half (49%) of the surveys were completed by a CFC, 7% of the surveys were completed by the command's chief petty officer, 5% by the executive officer, 5% by the command's training officer, 2% by the administrative officer, 2% by the safety officer, and 30% by some "other" person. A more complete description of who completed the surveys for the different subgroups of commands is presented in Appendix B.

The survey also requested information about the number of officers and enlisted personnel assigned to the command. Across all commands that reported this information, there was an average of 78 officers (about 17% of total command personnel) and 484 enlisted personnel (83%). The percentage of officers slightly overrepresents the Navy-wide percentage of officers (about 12%) probably because all MTFs, which have a higher-than-average proportion of officers, were included in the sample. Appendix B provides additional information regarding the average numbers of officers and enlisted personnel across the various command subgroups. As would be

expected, MTFs had the highest proportion of officers (27%), and sea commands had the lowest proportion (9%).

Educational Materials/Programs

The survey was divided into five primary sections. Table 1 summarizes the responses to questions in the first section on "educational materials and programs." Responses to question 1 indicated that the most frequently reported tobacco-related activity among all commands was to place announcements regarding tobacco prevention or cessation in the "plan-of-the-week" publication (an average of 2.7 times during the past year). The second-ranked activity was to circulate flyers or display posters regarding tobacco use around the command (an average of 2.6 times during the past year). The least frequently performed tobacco-related activities, conducted on the average less than once during the past year, were to have guest lecturers on tobacco use (an average of 0.6 times) and to circulate or announce books on tobacco use (an average of 0.7 times). Activities typically performed once or twice during the year included the provision of training time (e.g., general military training (GMT) or safety training), videos, and pamphlets on tobacco use prevention/cessation.

Several subgroup significant differences were noted in the use of tobacco-related educational materials/programs. Large commands were somewhat more likely than small commands to provide tobacco use education through GMT and videos (showing videos may have been part of the GMT). Medical treatment facilities were more likely than non-MTFs to show videos regarding tobacco use, have guest lecturers, and circulate or announce books on tobacco use. Shore commands were more likely than sea commands to have guest lecturers and circulate or announce books on tobacco use.

Table 1 also provides a summary of the responses to question 2, which requested information on the approximate number of people who attended educational programs/classes related to tobacco use over the course of the past year. The average percentage of total reported command personnel who attended educational programs/classes was 22%. Although the actual numbers of people varied across command subgroups (e.g., large versus small commands), there were no significant subgroup differences in the mean percentage of total command personnel attending such programs/classes.

Table 1

Navy Tobacco Use Program Survey: Section I--Educational Materials/Programs

1. During the past year, how often, if at all, has your command provided any of the following educational materials or programs related to tobacco use prevention or cessation?

	All Commands	Subgroups				
		Large	Small	Shore	Sea	MTF
a. General Military Training (GMT)						
0. Never (%)	34.3	29.6	36.5	34.7	33.3	42.4
1. Once (%)	25.7	19.4	28.7	27.6	21.2	21.2
2. Twice (%)	21.3	21.3	21.3	20.1	24.2	9.1
3. Three times (%)	3.8	5.6	3.0	4.2	3.0	--
4. Four times or more (%)	14.8	24.1	10.4	13.4	18.2	27.3
Mean	1.39	1.75	1.22	1.34	1.52	1.48
SD	1.38	1.53	1.26	1.35	1.44	1.68
n	338	108	230	239	99	33
b. Safety training						
0. Never (%)	54.9	50.0	57.2	51.8	62.4	63.6
1. Once (%)	20.2	19.6	20.5	23.2	12.9	18.2
2. Twice (%)	6.6	6.9	6.5	5.8	8.6	3.0
3. Three times (%)	4.7	3.9	5.1	4.9	4.3	--
4. Four times or more (%)	13.6	19.6	10.7	14.3	11.8	15.2
Mean	1.02	1.23	.92	1.07	.90	.85
SD	1.42	1.57	1.34	1.44	1.40	1.44
n	317	102	215	224	93	33
c. Guest lecturers						
0. Never (%)	70.2	63.2	73.6	65.9	80.4	60.6
1. Once (%)	14.7	17.0	13.6	16.2	11.3	12.1
2. Twice (%)	5.5	9.4	3.6	6.1	4.1	3.0
3. Three times (%)	2.1	.9	2.7	3.1	4.1	--
4. Four times or more (%)	7.4	9.4	6.4	8.7	--	24.2
Mean	.62	.76	.54	.72	.36	1.15
SD	1.17	1.25	1.12	1.25	.90	1.70
n	326	106	220	229	97	33
d. "Plan-of-the-week" announcements						
0. Never (%)	18.9	11.5	22.7	17.6	22.2	10.8
1. Once (%)	7.4	6.2	8.0	6.7	9.1	--
2. Twice (%)	13.0	10.6	14.2	13.0	13.1	13.5
3. Three times (%)	9.8	9.7	9.8	10.5	8.1	18.9
4. Four times or more (%)	50.9	61.9	45.3	52.3	47.5	56.8
Mean	2.66	3.04	2.47	2.73	2.49	3.11
SD	1.59	1.42	1.64	1.56	1.66	1.31
n	338	113	225	239	99	37

Table 1 (continued)

	All Commands	Subgroups				
		Large	Small	Shore	Sea	MTF
e. Provided or shown videos						
0. Never (%)	53.8	45.5	57.7	50.7	61.1	36.7
1. Once (%)	18.2	14.1	20.0	18.7	16.8	13.3
2. Twice (%)	13.1	17.2	11.2	14.6	9.5	13.3
3. Three times (%)	2.5	4.0	1.9	2.7	2.1	--
4. Four times or more (%)	12.4	19.2	9.3	13.2	10.5	36.7
Mean	1.02	1.37	.85	1.09	.84	1.87
SD	1.38	1.55	1.26	1.40	1.32	1.78
n	314	99	215	219	95	30
f. Circulated flyers or displayed posters						
0. Never (%)	12.1	11.1	12.6	9.9	17.7	8.1
1. Once (%)	17.5	12.0	20.0	18.2	15.6	10.8
2. Twice (%)	15.4	14.8	15.7	15.3	15.6	10.8
3. Three times (%)	11.8	13.9	10.9	9.1	18.8	10.8
4. Four times or more (%)	43.2	48.1	40.9	47.5	32.3	59.5
Mean	2.56	2.76	2.47	2.66	2.32	3.03
SD	1.48	1.44	1.49	1.46	1.50	1.38
n	338	108	230	242	96	27
g. Distributed pamphlets						
0. Never (%)	25.3	24.6	25.7	20.3	37.4	8.3
1. Once (%)	16.5	14.9	17.3	17.8	13.1	11.1
2. Twice (%)	16.2	13.2	17.7	15.4	18.2	5.6
3. Three times (%)	7.6	7.9	7.5	7.9	7.1	8.3
4. Four times or more (%)	34.4	39.5	31.9	38.6	24.2	66.7
Mean	2.09	2.23	2.03	2.27	1.68	3.14
SD	1.62	1.66	1.60	1.60	1.61	1.40
n	340	114	226	241	99	36
h. Circulated or announced books						
0. Never (%)	74.6	70.6	76.5	71.7	81.3	54.4
1. Once (%)	6.3	6.9	6.1	6.8	5.2	12.1
2. Twice (%)	5.1	5.9	4.7	6.4	2.1	6.1
3. Three times (%)	1.9	2.0	1.9	.9	4.2	3.0
4. Four times or more (%)	12.1	14.7	10.8	14.2	7.3	24.2
Mean	.71	.82	.64	.79	.51	1.30
SD	1.37	1.47	1.32	1.43	1.20	1.70
n	315	102	213	219	96	33
i. Other**						
1. Once (%)	--	44.1	27.5	37.1	26.1	31.6
2. Twice (%)	12.9	11.8	13.7	6.5	30.4	--
3. Three times (%)	8.2	8.8	7.8	8.1	8.7	10.5
4. Four times or more (%)	44.7	35.3	51.0	48.4	24.8	57.9
Mean	2.64	2.35	2.82	2.68	2.52	2.95
SD	1.35	1.37	1.32	1.40	1.24	1.39
n	85	34	51	62	23	19

** For a description of "Other" see Appendix C.

Table 1 (continued)

	All Commands	Subgroups				
		Large	Small	Shore	Sea	MTF
2. Over the course of the last year, approximately how many people attended educational programs or classes related to tobacco use?						
Actual reported number (Mean)	150	328	75	149	154	187
% of total personnel at cmd.	22.0	21.7	22.1	24.0	17.1	28.1
n	314	93	221	224	90	35
3. With regard to the **educational training/materials** related to tobacco use which are provided by your command, how would you rate their **overall usefulness** in helping to curb tobacco use among command members?*						
0. NA -- None provided (%)	13.9	12.3	14.7	11.9	18.7	5.7
1. Not at all useful (%)	9.7	4.4	12.2	9.5	10.3	--
2. Somewhat useful (%)	62.4	72.8	57.6	60.7	66.4	62.9
3. Quite useful (%)	11.4	6.1	13.9	14.7	3.7	20.0
4. Highly useful (%)	2.5	4.4	1.6	3.2	.9	11.4
Mean	2.08	2.12	2.06	2.13	1.94	2.46
SD	.60	.56	.62	.63	.47	.71
n	359	114	245	252	107	35
4. If your command has provided **educational materials** (e.g., pamphlets, books, videos, posters, etc.) related to tobacco use prevention or cessation, who provided these materials to you? (Percents do not add up to 100 because commands could mark multiple sources.)						
0. NA -- None are provided (%)	9.2	7.6	10.0	6.5	15.7	2.6
1. Naval Military Personnel Command (%)	20.9	21.0	20.9	22.3	17.6	33.3
2. Navy Publications (%)	29.9	27.7	30.9	29.2	31.5	17.9
3. American Cancer Soc. (%)	56.3	62.2	53.4	61.2	44.4	79.5
4. American Heart Assoc. (%)	33.2	34.5	32.5	35.8	26.9	46.2
5. American Lung Assoc. (%)	38.3	47.9	33.7	40.4	33.3	61.5
6. National Cancer Inst. (%)	13.3	12.6	13.7	15.8	7.4	38.5
7. Natl. Insts. of Health (%)	6.8	7.6	6.4	6.5	7.4	28.2
8. Other** (%)	22.3	22.7	22.1	23.5	19.4	25.6

* NA category not included in Mean and SD.
** For a description of "Other" see Appendix C.

Question 3 (see also Table 1) asked for a rating of the "overall usefulness" of tobacco-related educational training and materials that were used by the command. It was noteworthy that almost 14% of commands checked the "NA" category, indicating that no tobacco use training or materials were provided. Of those commands that did report a usefulness rating, the average score was only 2.1 ("somewhat useful") on a 1-4 rating scale. The only significant subgroup difference was between shore and sea commands, with sea commands rating the usefulness of tobacco-related educational training and materials lower (1.9) than shore commands (2.1).

The final question in the first section of the survey (see question 4 in Table 1) requested information regarding where commands received their educational materials related to tobacco use. Considering all commands, a majority (56%) reported that they had materials provided by the American Cancer Society. Additionally, a sizable proportion of commands had materials supplied by the American Lung Association (38%), the American Heart Association (33%), Navy Publications (30%), and the Naval Military Personnel Command (21%). Two significant command subgroup differences were noted. First, sea commands (15.7%) were more likely than shore commands (6.5%) to mark the "NA" category for this question, indicating that they did not provide educational materials on tobacco use. Second, MTFs were more likely than non-MTFs to offer materials from the National Cancer Institute (38.5% vs. 10.3%) and the National Institutes of Health (28.2% vs. 4.3%); additionally, MTFs were less likely than non-MTFs (2.6% vs. 10.0%) to mark the "NA" category, thereby suggesting that no educational materials were provided.

Psychological/Behavioral Programs

Table 2 summarizes the responses to questions in the second section of the survey on psychological and behavioral programs aimed at tobacco use cessation. Question 5 asked how often, if at all, during the past year a command had provided four types of tobacco use cessation programs: stop-smoking clinics, support groups, individual counseling, and behavior modification courses/training. Across all commands, the most frequently reported tobacco cessation program was "individual counseling," with almost half (48%) of all commands offering such counseling one or more times during the year. Stop-smoking clinics were the next most frequently provided

Table 2

Navy Tobacco Use Program Survey: Section II--Psychological/Behavioral Programs

5. During the past year, hov often, if at all, has your command provided any of the following tobacco use cessation programs?

	All Commands	Subgroups				
		Large	Small	Shore	Sea	MTF
a. Stop-smoking clinics						
0. Never (%)	65.0	57.0	68.9	58.9	79.6	20.5
1. Once (%)	9.2	10.5	8.5	9.3	8.7	--
2. Twice (%)	8.6	11.4	7.2	9.8	5.8	7.7
3. Three times (%)	5.4	7.9	4.3	6.9	1.9	10.3
4. Four times or more (%)	11.7	13.2	11.1	15.0	3.9	61.5
Mean	.90	1.10	.60	1.10	.42	2.92
SD	1.42	1.48	1.38	1.52	.97	1.61
n	349	114	235	246	103	39
b. Support groups						
0. Never (%)	78.4	67.9	83.6	77.3	80.8	41.9
1. Once (%)	6.7	10.1	5.0	5.2	10.1	6.5
2. Twice (%)	4.9	9.2	2.7	5.2	4.0	9.7
3. Three times (%)	2.1	2.8	1.8	2.6	1.0	9.7
4. Four times or more (%)	7.9	10.1	6.8	9.6	4.0	32.3
Mean	.55	.77	.43	.62	.37	1.84
SD	1.19	1.32	1.11	1.29	.93	1.79
n	328	109	219	229	99	31
c. Individual counseling						
0. Never (%)	52.3	40.0	58.2	56.4	43.4	22.2
1. Once (%)	3.8	3.6	3.9	3.8	3.8	--
2. Twice (%)	5.0	4.5	5.2	5.9	2.8	11.1
3. Three times (%)	1.2	.9	1.3	.8	1.9	--
4. Four times or more (%)	37.7	50.9	31.5	33.1	48.1	66.7
Mean	1.68	2.19	1.44	1.50	2.08	2.89
SD	1.89	1.92	1.83	1.84	1.94	1.69
n	342	110	232	236	106	36
d. Behavioral modification courses/trng.						
0. Never (%)	72.8	68.2	75.0	67.2	85.9	36.4
1. Once (%)	7.3	8.4	6.7	8.6	4.0	3.0
2. Twice (%)	4.8	8.4	3.1	6.9	--	12.1
3. Three times (%)	2.7	2.8	2.7	3.4	1.0	6.1
4. Four times or more (%)	12.4	12.1	12.5	13.8	9.1	42.4
Mean	.75	.82	.71	.88	.43	2.15
SD	1.39	1.40	1.39	1.45	1.19	1.82
n	331	107	224	232	99	33

Table 2 (continued)

	All Commands	Subgroups				
		Large	Small	Shore	Sea	MTF
e. Other**						
1. Once (%)	33.3	25.0	37.5	30.0	50.0	33.3
2. Twice (%)	12.5	12.5	12.5	30.0	25.0	--
3. Three times (%)	8.3	12.5	6.3	10.0	--	33.3
4. Four times or more (%)	45.8	50.0	43.8	50.0	25.0	33.3
Mean	2.67	2.87	2.56	2.80	2.00	2.67
SD	1.37	1.36	1.41	1.36	1.41	1.53
n	24	8	16	20	4	3

** For a description of "Other" see Appendix C.

tobacco cessation program. Considering all commands, 35% made stop-smoking clinics available at least one time or more during the past year. Such clinics were offered significantly more often at shore commands than sea commands and at MTFs more often than at non-MTFs. Support groups and behavior modification courses/training for tobacco use cessation were provided least often with only about a quarter of Navy commands providing them at all during the past year. The few commands that did offer support groups were more likely to be large than small, shore than sea, and MTF than non-MTF. Similarly, the commands that had behavior modification courses or training were more likely to be shore than sea and MTF than non-MTF.

Questions 6 through 9 (see Table 2) requested information about the number of individuals who attended command tobacco use cessation programs and the program's impact on their tobacco use. Considering all commands surveyed, an average of 66 individuals attended cessation programs during the previous year. These individuals represented, on the average, about 14% of total command personnel. A significant subgroup difference was found for the percent of total command personnel attending cessation programs, with almost 17% of shore personnel versus only 5% of sea personnel attending such programs; a nonsignificant ($p = .11$) subgroup difference was found between MTFs (with almost 27% of personnel) and non-MTFs (with only about 11% of personnel) attending such programs. On the average, it was estimated that somewhat more than one-third of cessation program attendees stopped using tobacco and about half of attendees reduced their tobacco use as a result of the program. Last, estimates reflected that approximately 60% of cessation program attendees completed the programs offered at commands.

Question 10 (Table 2) asked for a rating of the "overall usefulness" of the command's tobacco use cessation programs. It was of interest that over 40% of all commands checked the "NA" category (i.e., indicating that no tobacco use cessation programs were provided by the command); the notable exception was the MTF subgroup, of which less than 6% marked the "NA" category. Of the commands that reported a usefulness rating, the average score was only 2.2 ("somewhat useful") on the 1-4 rating scale. There were two statistically significant subgroup differences: large commands and shore commands rated their cessation programs slightly more useful than did small commands and sea commands; however, the mean differences in rated usefulness were very small (about 0.1 of one point).

Table 2 (continued)

	All Commands	Subgroups				
		Large	Small	Shore	Sea	MTF
6. Over the course of the last year, how many people attended tobacco use cessation programs at your command? (Zeros were not included in the Mean.)						
# of Attendees:						
0	47.0	34.4	52.8	40.9	60.8	13.5
1-25	29.6	26.4	31.1	32.0	23.7	18.9
26-50	9.1	13.1	7.0	10.7	6.1	18.9
51-75	2.5	4.1	2.0	2.4	1.0	16.2
76-100	2.9	7.0	.9	2.4	4.2	5.4
101+	8.9	15.0	6.2	11.6	4.2	27.1
Mean	66	110	39	71	49	82
% of total personnel at command	14.2	11.1	16.3	16.9	5.5	26.8
n	317	99	218	220	97	37
7. How many people **stopped** using tobacco as a result of the program?						
# of people who stopped:						
0	14.7	5.9	19.2	15.5	11.8	11.1
1-25	70.0	74.7	67.7	67.0	79.5	37.0
26-50	8.8	9.9	8.0	10.4	2.9	33.4
51-75	3.4	4.0	3.0	3.5	2.9	11.1
76-100	1.4	2.0	1.0	1.8	--	3.7
101+	2.1	4.5	1.1	1.8	2.9	3.7
Mean	16	25	12	17	14	34
% of total reported in #6	33.6	31.6	34.7	34.4	31.0	37.6
n	150	55	99	116	34	27
8. How many people **reduced** their tobacco use as a result of the program?						
# of people who reduced:						
0	10.6	4.3	14.0	10.8	10.0	8.3
1-25	70.5	69.6	70.9	70.6	70.2	41.7
26-50	10.0	15.3	7.1	9.6	10.2	29.2
51-75	2.3	2.2	2.4	3.0	--	4.2
76-100	3.1	2.2	3.5	3.0	3.3	8.3
101+	3.9	6.4	2.1	3.0	6.3	8.3
Mean	22	33	16	22	24	40
% of total reported in #6	46.7	45.0	47.7	45.5	50.8	46.6
n	132	46	86	102	30	24

Table 2 (continued)

	All Commands	Subgroups				
		Large	Small	Shore	Sea	MTF
9. What percent of the people who attended tobacco use cessation programs **fully completed** the program?						
Mean reported percent	61.3	64.9	59.2	61.5	60.7	55.0
n	160	59	101	123	37	33
10. With regard to the **tobacco use cessation programs** provided by your command, how would you rate their **overall usefulness** in helping to curb tobacco use among command members?*						
0. NA -- No programs (%)	42.1	33.9	46.0	37.7	52.3	5.6
1. Not at all useful (%)	7.9	4.3	9.6	9.7	3.7	2.8
2. Somewhat useful (%)	35.9	46.1	31.0	35.2	37.4	55.6
3. Quite useful (%)	11.3	13.9	10.0	13.8	5.6	22.2
4. Highly useful (%)	2.8	1.7	3.3	3.6	.9	13.9
Mean	2.16	2.20	2.13	2.18	2.08	2.50
SD	.71	.59	.77	.76	.52	.79
n	354	115	239	247	107	36
11. During the past year, has your command provided members any information (e.g., through "Plan-of-the-Week," flyers, posted announcements, etc.) regarding **tobacco use cessation programs or services OUTSIDE** of your command?						
Notifications re programs/services:						
a. At other commands						
0. Never (%)	60.2	51.4	64.3	55.2	71.7	50.0
1. Once (%)	9.4	9.5	9.4	10.9	6.1	11.8
2. Twice (%)	8.5	12.4	6.7	8.3	9.1	8.8
3. Three times (%)	5.5	7.6	4.5	5.7	5.1	5.9
4. Four times or more (%)	16.4	19.0	15.2	20.0	8.1	23.5
Mean	1.08	1.33	.97	1.24	.72	1.41
SD	1.54	1.60	1.51	1.62	1.29	1.69
n	329	105	224	230	99	34

* NA category not included in Mean and SD.

Table 2 (continued)

	All Commands	Subgroups				
		Large	Small	Shore	Sea	MTF
b. At Medical Treatment Facilities						
0. Never (%)	42.9	36.1	46.1	40.3	49.0	51.6
1. Once (%)	15.1	14.8	15.2	15.3	14.7	9.7
2. Twice (%)	10.7	13.0	9.6	11.0	9.8	12.9
3. Three times (%)	6.5	3.7	7.8	5.9	7.8	3.2
4. Four times or more (%)	24.9	32.4	21.3	27.5	18.6	22.6
Mean	1.55	1.82	1.43	1.65	1.32	1.36
SD	1.65	1.71	1.62	1.68	1.58	1.66
n	338	108	230	236	102	31
c. At Family Service Centers						
0. Never (%)	52.9	46.7	55.8	47.9	65.3	34.3
1. Once (%)	9.7	7.6	10.6	9.3	10.5	8.6
2. Twice (%)	8.5	7.6	8.8	8.9	7.4	14.3
3. Three times (%)	6.6	10.5	4.9	7.6	4.2	5.7
4. Four times or more (%)	22.4	27.6	19.9	26.3	12.6	37.1
Mean	1.36	1.65	1.23	1.55	.88	2.03
SD	1.66	1.75	1.61	1.72	1.43	1.76
n	331	105	226	236	95	35
d. At CAACs						
0. Never (%)	72.1	71.6	72.3	69.6	78.1	71.0
1. Once (%)	7.4	6.9	7.6	8.3	5.2	6.5
2. Twice (%)	4.6	3.9	4.9	4.8	4.2	3.2
3. Three times (%)	2.1	2.0	2.2	2.6	1.0	3.2
4. Four times or more (%)	13.8	15.7	12.9	14.8	11.5	16.1
Mean	.78	.83	.76	.85	.63	.87
SD	1.43	1.50	1.41	1.47	1.33	1.54
n	326	102	224	230	96	31
e. Civilian/community programs/services						
0. Never (%)	63.5	57.5	66.4	59.0	74.7	43.8
1. Once (%)	9.7	7.5	10.8	11.5	5.3	9.4
2. Twice (%)	7.3	5.7	8.1	7.7	6.3	6.3
3. Three times (%)	4.3	5.7	3.6	4.7	3.2	12.5
4. Four times or more (%)	15.2	23.6	11.2	17.1	10.5	28.1
Mean	.98	1.30	.82	1.09	.69	1.72
SD	1.50	1.71	1.37	1.55	1.35	1.76
n	329	106	223	234	95	32

Question 11 (Table 2) asked whether the command had provided any information (e.g., through "plan-of-the-week" announcements, flyers, posted announcements) about tobacco use cessation programs outside of their command (e.g., programs or services at other commands, MTFs, Family Service Centers, Counseling and Assistance Centers (CAACs), or civilian agencies). The most frequently referred "outside" programs were at MTFs, with 57% of all commands announcing MTF programs or services at least one or more times during the past year. Tobacco cessation programs at Family Service Centers were the next most frequently announced outside programs/services, with 47% of all commands announcing such programs at least one or more times during the past year. Commands were least likely to announce that outside tobacco cessation programs or services were available at CAACs. Last, statistically significant command subgroup differences indicated that shore commands more often than sea commands announced tobacco programs/services available at "other commands" and at Family Service Centers, and large commands more often than small commands announced programs/services available in the civilian sector

Over-the-counter Aids

Table 3 summarizes the responses to three questions in the third section of the survey, which asked about the availability of over-the-counter aids for stopping tobacco use at (a) the exchange or commissary nearest to the responding command, (b) the responding command itself, and (c) the nearest MTF. Responses were provided regarding the availability of five specific aids at the nearest exchange or commissary: (a) stop-smoking lozenges, (b) stop-smoking tablets, (c) special filters, (d) smokeless cigarettes, and (e) quit kits. Responses to question 12 (Table 3) indicated that only one of these five aids (special filters) was reported to be available at the nearest commissary/exchange by a majority (58%) of commands. The other tobacco cessation aids were reported as available by just over one-fourth of all commands. The notable exception to this generalization was the subgroup of MTFs: fewer MTFs than non-MTFs reported that their nearest commissary or exchange provided stop-smoking lozenges, stop-smoking tablets, and quit kits.

Responses to question 13 (Table 3) indicated that only 14% of all commands provided any tobacco cessation aids to members who wanted to stop

Table 3

Navy Tobacco Use Program Survey: Section III—Over-the-Counter Aids

12. Does your nearest exchange or commissary carry any of the following over-the-counter items designed to aid in the cessation of tobacco use?

	All Commands	Subgroups				
		Large	Small	Shore	Sea	MTF
a. Stop-smoking lozenges						
1. No (%)	71.4	70.8	71.1	71.8	70.3	90.9
2. Yes (%)	28.6	29.2	28.3	28.2	29.7	9.1
n	329	106	223	238	91	33
b. Stop-smoking tablets						
1. No (%)	74.0	73.1	74.4	75.4	70.3	93.9
2. Yes (%)	26.0	26.9	25.6	24.6	29.7	6.1
n	327	104	223	236	91	33
c. Special filters						
1. No (%)	42.1	46.2	40.2	45.0	34.8	64.7
2. Yes (%)	57.9	53.8	59.8	55.0	65.2	35.3
n	330	106	224	238	92	34
d. Smokeless cigarettes						
1. No (%)	74.0	77.7	72.3	73.7	74.7	78.8
2. Yes (%)	26.0	22.3	27.7	26.3	25.3	21.2
n	323	103	220	232	91	33
e. Quit kits						
1. No (%)	68.9	67.0	69.9	71.1	63.3	88.2
2. Yes (%)	31.1	33.0	30.1	28.9	36.7	11.8
n	322	103	219	232	90	34

13. Does your command provide any of the above over-the-counter aids to members who want to stop using tobacco?

1. No (%)	85.8	81.2	88.0	88.1	80.4	67.6
2. Yes (%)	14.2	18.8	12.0	11.9	19.6	32.4
n	359	117	242	252	107	37

Table 3 (continued)

14. Does your nearest medical treatment facility provide:

	All Commands	Subgroups				
		Large	Small	Shore	Sea	MTF
a. Any of the above over-the-counter aids to members who want to stop using tobacco?						
1. No (%)	58.2	62.9	55.9	56.7	61.7	65.6
2. Yes (%)	41.8	37.1	44.1	43.3	38.3	34.4
n	325	105	220	231	94	32
b. Nicorette gum?						
1. No (%)	16.6	16.8	16.5	14.5	21.8	--
2. Yes (%)	83.4	83.2	83.5	85.5	78.2	100
n	343	113	230	242	101	38

using tobacco. However, there were significant subgroup differences in the proportion of commands supplying such aids: large commands were more likely to provide aids than small commands (19% vs. 12%), sea commands were more likely than shore commands (20% vs. 12%), and MTFs were more likely than non-MTFs (32% vs. 12%). As indicated by responses to question 14, only 42% of commands reported that their nearest MTF supplied any over-the-counter aids for tobacco cessation. However, 83% of all commands reported that their nearest MTF provided nicorette gum (which must be obtained with a physician's prescription). There was only one significant command subgroup difference in response to the latter question, with a higher percentage of shore commands than sea commands reporting that nicorette gum was available at their nearest MTF (85% vs 78%).

Tobacco Use Policy

Table 4 summarizes responses to questions about command policy on tobacco use, which comprised the fourth section of the survey. As indicated by responses to question 15 (Table 4), just over 60% of all commands reported that they had a written policy regarding tobacco use. MTFs were significantly more likely to have a written policy than non-MTFs (90% vs. 58%). Additionally, although the difference was not statistically significant, more shore commands than sea commands had a written policy on tobacco use (68% vs. 45%). All commands that had a written policy were requested to send a copy of that policy along with their completed survey. About 75% of the commands with a written policy provided a copy of it. More than 90% of these written policy instructions were modeled after SECNAVINST 5100.13A (2). Others (9%) were in some alternate form, mostly memorandums.

Question 16 (Table 4) asked whether the command had any restrictions on tobacco use inside buildings. Almost 95% of all commands replied that there were such restrictions. However, there were significant subgroup differences. Small commands were more likely than large commands (96% vs. 91%) and shore commands were more likely than sea commands (97% vs 87%) to have such restrictions. Additionally, 100% of MTF reported that they had restrictions on tobacco use inside buildings.

As shown in Table 4, question 17 asked whether the command's smoking restrictions were adequate for providing a smoke-free environment for nonsmokers. The average response across all commands was almost 3 ("quite

Table 4

Navy Tobacco Use Program Survey: Section IV--Tobacco Use Policy

	All Commands	Subgroups				
		Large	Small	Shore	Sea	MTF
15. Does your command have any written policy or instruction regarding tobacco use on base?						
1. No (%)	38.9	32.5	42.5	32.4	54.8	10.3
2. Yes (%)	61.1	67.5	58.0	67.6	45.2	89.7
n	360	117	243	256	104	39
% Providing written instruction (return rate)	75.5	72.2	77.3	78.0	66.0	85.7
% Not providing written instruction	24.5	27 8	22.7	22.0	34.0	14.3
n	220	79	141	173	47	35
16. Does your command have any restrictions on tobacco use inside buildings?						
1. No (%)	5.5	8.7	4.1	2.7	12.5	--
2. Yes (%)	94.5	91.3	95.9	97.3	87.5	100
n	361	115	246	257	104	39
17. Do you believe that your command's smoking restrictions are adequate for providing a smoke-free environment for nonsmokers?*						
0. NA -- No restrictions (%)	1.9	4.2	.8	.8	4.7	--
1. Not at all adequate (%)	9.3	12.7	7.7	5.4	18.9	--
2. Somewhat adequate (%)	22.5	20.3	23.6	18.2	33.0	2.6
3. Quite adequate (%)	38.0	38.1	35.0	38.0	31.0	30.8
4. Perfectly adequate (%)	30.2	24.6	32.9	37.6	12.3	66.7
Mean	2.89	2.78	2.94	3.09	2.39	3.64
SD	.95	.98	.94	.88	.95	.54

* NA category not included in Mean and SD.

adequate") on a 4-point scale. "Quite adequate" was the most commonly marked response across all subgroups with two exceptions: (a) among sea commands, a slightly higher proportion marked "somewhat adequate" (33%) than marked "quite adequate" (31%), and (b) MTFs were significantly more likely to mark "perfectly adequate" (response 4) than non-MTFs.

When asked how strictly the command's restrictions on tobacco use were enforced, the average response was about 3 ("usually enforced") on a 4-point scale (see question 18 in Table 4). The majority of commands across all subgroups marked that their tobacco use restrictions were either "usually" (3) or "always" (4) enforced. The only statistically significant subgroup difference was that MTFs were more likely than non-MTFs to mark that their tobacco use restrictions were "always enforced."

A rating of the "overall usefulness" of the command's restrictions on tobacco use in helping to curb use among command members was requested in question 19 (Table 4). On the average, commands rated their restrictions as only "somewhat useful" (2 on a 4-point scale). Only one statistically significant subgroup difference was found: shore commands rated their tobacco use restrictions as more useful than did sea commands. The last question in this section of the survey asked if commands had any plans for future programs, services, or goals regarding tobacco use among members. Forty-five percent of all commands responded "yes" to the question by reporting their future plans. The three most frequently reported plans were to start stop-smoking clinics and counseling, modify GMTs, and continue educational programs and increase access to cessation programs (see Appendix C). The remaining 55% of all commands did not report any future plans.

Medical Treatment Facilities

The fifth section of the survey was included only in the questionnaires sent to the MTFs. Table 5 summarizes the responses to questions in this section oriented primarily toward the behavior of the physicians at MTFs. Respondents estimated that an average of 80% of MTF physicians routinely asked patients about their tobacco use (question 21, Table 5). However, only about one-third of MTFs had a routine system for identifying tobacco users by glancing at their medical records (question 22, Table 5). Additionally, responses to question 23 estimated that MTF physicians were

Table 4 (continued)

	All Commands	Subgroups				
		Large	Small	Shore	Sea	MTF
18. If your command has restrictions on tobacco use on base, how strictly are they enforced?*						
0. NA -- No restrictions (%)	12.3	9.6	13.5	10.3	17.0	5.3
1. Never enforced (%)	2.2	2.6	2.0	2.4	1.9	--
2. Sometimes enforced (%)	14.2	17.4	12.7	13.4	16.0	2.6
3. Usually enforced (%)	36.2	40.0	34.4	33.6	42.5	39.5
4. Always enforced (%)	35.1	30.4	37.3	40.3	22.6	52.6
Mean	3.19	3.09	3.24	3.25	3.03	3.53
SD	.79	.80	.79	.80	.75	.56
n	359	115	244	253	106	38
19. If your command has any restrictions regarding tobacco use, how would you rate their **overall usefulness** in helping to curb tobacco use among command members?*						
0. NA -- No restrictions (%)	12.3	8.7	13.9	11.4	14.4	2.7
1. Not at all useful (%)	21.4	25.2	19.7	18.4	28.8	8.1
2. Somewhat useful (%)	41.2	45.2	39.3	41.2	41.3	54.1
3. Quite useful (%)	18.1	17.4	18.4	19.6	14.4	21.6
4. Highly useful (%)	7.0	3.5	8.6	9.4	1.0	13.5
Mean	2.12	1.99	2.19	2.23	1.85	2.42
SD	.87	.79	.90	.90	.73	.84
n	359	115	244	255	104	37
20. Does your command have any plans for future programs/services or goals regarding tobacco use among members? (Reported only for all commands combined.)						
1. No (%)	54.9					
2. Yes** (%)	45.1					
n	368					

* NA category not included in Mean and SD.
** For a description of "Yes" responses see Appendix C.

Table 5

Navy Tobacco Use Program Survey: Section V--Medical Treatment Facilities

	Medical Treatment Facilities		
	Total	Large	Small
21. When seeing patients, approximately what percent of your physicians routinely ask about the patient's use of tobacco?			
Mean reported percent	80.3	85.8	78.9
n	29	6	23
22. In your medical facility, is there a routine system to identify tobacco users by glancing at their medical records?			
1. No (%)	68.4	66.7	69.0
2. Yes (%)	31.6	33.3	31.0
n	38	9	29
If Yes, please briefly describe the system:			
List on Medical Problems List in medical record (%)	46.2		
All patients asked at check-in (%)	15.4		
Various other identification systems (%)	38.4		
n	12		
23. How well prepared would you estimate your physicians are for counseling patients to stop using tobacco products?			
1. Definitely unprepared (%)	2.9	--	3.6
2. Not well prepared (%)	20.0	28.6	17.9
3. Adequately prepared (%)	62.9	71.4	60.7
4. Very well prepared (%)	14.3	--	17.9
Mean	2.89	2.71	2.93
SD	.68	.49	.72
n	35	7	28

just "adequately prepared" (almost 3 on a 4-point scale) for counseling patients to stop using tobacco products.

Question 24 (Table 5) asked for an estimate of the proportion of MTF physicians who performed 10 activities recommended for physicians to help their patients stop using tobacco products. Of the 10 possible activities, only three activities were estimated to be performed by "most" MTF physicians, using a 4-point scale (none, some, most, all). The activity estimated as the leading one performed by most physicians was (j) to advise pregnant tobacco users of the health risks to the fetus (average of 3.5 on a 4-point scale). The second highest-rated activity was (b) to advise patients to stop using tobacco (3.1 on a 4-point scale). The third highest-rated activity carried out by most physicians was (a) to explain the dangers of tobacco use (2.9 on a 4-point scale).

The other seven activities were estimated to be practiced only by "some" MTF physicians, on the average. Ranked from highest to lowest (see Table 5), they were: (f) refer patient to a stop-smoking program (2.3 rating), (g) recommend nicotine chewing gum (2.3 rating), (e) provide patient with self-help quit materials (2.1 rating), (d) help patient develop a cessation plan (2.1 rating), (i) record results of smoking encounter in patient's medical record (2.1 rating), (h) arrange a follow-up visit with patient expressly for continued help with smoking cessation or maintenance (1.9 rating), and (c) get patient to set quit date (1.9 rating).

Question 25 (Table 5) asked for an estimate of the average amount of time physicians spend trying to help their patients quit using tobacco. On the average, it was estimated that physicians discussed tobacco cessation with their patients for 5 to 10 minutes. Additionally, responses to question 26 (Table 5) indicated that, during the past year, less than a quarter of MTF physicians received any formal training in tobacco cessation approaches to use with patients.

Questions 27 through 30 asked about the dissemination of "Quit for Good" materials from the National Cancer Institute (NCI), which are self-help materials developed to help patients quit using tobacco. Only 34% of the MTFs reported that their command had received NCI's "Quit for Good" materials. Of the MTFs who had received NCI's materials, over 80% said the "Quit for Good" materials had <u>not</u> been distributed to all physicians; instead, it was estimated that about a third of their physicians had

Table 5 (continued)

	Medical Treatment Facilities		
	Total	Large	Small
24. When seeing patients, approximately what proportion of your physicians perform the following activities with patients who use tobacco?			
a. Explain the dangers of tobacco			
1. None (%)	--	--	--
2. Some (%)	30.3	42.9	26.9
3. Most (%)	51.5	42.9	53.8
4. All (%)	18.2	14.3	19.2
Mean	2.88	2.71	2.92
SD	.70	.76	.69
n	33	7	26
b. Advise to stop using tobacco			
1. None (%)	--	--	--
2. Some (%)	18.2	28.6	15.4
3. Most (%)	57.6	57.1	57.7
4. All (%)	24.2	14.3	26.9
Mean	3.06	2.86	3.12
SD	.66	.69	.65
n	33	7	26
c. Get patients to set quit date			
1. None (%)	18.8	42.9	--
2. Some (%)	71.9	42.9	12.0
3. Most (%)	9.4	14.3	80.0
4. All (%)	--	--	8.0
Mean	1.91	1.71	1.96
SD	.53	.76	.45
n	32	7	25
d. Help to develop a cessation plan			
1. None (%)	9.4	28.6	4.0
2. Some (%)	68.8	42.9	76.0
3. Most (%)	21.9	28.6	20.0
4. All (%)	--	--	--
Mean	2.12	2.00	2.16
SD	.55	.82	.47
n	32	7	25
e. Provide with self-help quit materials			
1. None (%)	12.9	16.7	12.0
2. Some (%)	64.5	66.7	64.0
3. Most (%)	19.4	16.7	20.0
4. All (%)	3.2	--	4.0
Mean	2.13	2.00	2.16
SD	.67	.63	.69
n	31	6	25

Table 5 (continued)

		Medical Treatment Facilities		
		Total	Large	Small
f.	Make a referral to a stop-smoking program			
	1. None (%)	6.1	--	7.7
	2. Some (%)	60.6	85.7	53.8
	3. Most (%)	27.3	14.3	30.8
	4. All (%)	6.1	--	7.7
	Mean	2.33	2.14	2.38
	SD	.69	.38	.75
	n	33	7	26
g.	Recommend nicotine chewing gum			
	1. None (%)	3.0	--	3.8
	2. Some (%)	72.7	71.4	73.1
	3. Most (%)	15.2	14.3	15.4
	4. All (%)	9.1	14.3	7.7
	Mean	2.30	2.43	2.27
	SD	.68	.79	.67
	n	33	7	26
h.	Arrange a follow-up visit expressly for continued smoking cessation and/or maintenance			
	1. None (%)	15.6	--	20.0
	2. Some (%)	75.0	85.7	72.0
	3. Most (%)	9.4	14.3	8.0
	4. All (%)	--	--	--
	Mean	1.94	2.14	1.88
	SD	.50	.38	.53
	n	32	7	25
i.	Record results of smoking encounter in medical record			
	1. None (%)	15.6	14.3	16.0
	2. Some (%)	62.5	57.1	64.0
	3. Most (%)	21.9	28.6	20.0
	4. All (%)	--	--	--
	Mean	2.06	2.14	2.04
	SD	.62	.69	.61
	n	32	7	25
j.	Advise pregnant tobacco users of health risks to the fetus			
	1. None (%)	--	--	--
	2. Some (%)	12.5	14.3	12.0
	3. Most (%)	25.0	42.9	20.0
	4. All (%)	62.5	42.9	68.0
	Mean	3.50	3.29	3.56
	SD	.72	.76	.71
	n	32	7	25

Table 5 (continued)

	Medical Treatment Facilities		
	Total	Large	Small
25. On the average, how much time do your physicians spend with a patient when trying to help him/her quit using tobacco?			
0. Do not try (%)	--	--	--
1. Under 5 minutes (%)	33.3	14.3	38.5
2. About 5 minutes (%)	30.3	42.9	26.9
3. About 10 minutes (%)	15.2	14.3	15.4
4. About 15 minutes (%)	12.1	14.3	11.5
5. 20 minutes or more (%)	9.1	14.3	11.5
Mean	2.33	2.71	2.23
SD	1.32	1.38	1.31
n	33	7	26
26. During the last year, did your physicians receive any formal training in tobacco cessation approaches to use with patients?			
1. No (%)	77.1	83.3	75.9
2. Yes (%)	22.9	16.7	24.1
n	35	6	29
27. Has your command received the National Cancer Institute's "Quit for Good" materials?			
1. No (%)	65.8	77.8	62.1
2. Yes (%)	34.2	22.2	37.9
n	38	9	29
28. If yes to #27, have the "Quit for Good" materials been distributed to all physicians?			
1. No (%)	81.3	100	76.9
2. Yes (%)	18.8	--	23.1
n	16	3	13
29. If materials were not distributed to all, about what percent of your physicians did receive the materials?			
Mean reported percent	34.3	20.0	40.0
n	7	2	5

Table 5 (continued)

	Medical Treatment Facilities		
	Total	Large	Small
30. About how often are these physicians using the "Quit for Good" materials with their patients?			
0. Never (%)	30.8	50.0	27.3
1. Rarely (%)	7.7	--	9.6
2. Sometimes (%)	53.8	50.0	54.5
3. Usually (%)	7.7	--	9.1
4. Always (%)	--	--	--
Mean	1.39	1.00	1.46
SD	1.04	1.41	1.04
n	13	2	11

received the "Quit for Good" materials, and that these materials were "rarely" used (average rating of 1.4 on a 4-point scale).

Discussion

This survey was designed to document the types and prevalence of tobacco use programs, usefulness of these programs/activities, availability of over-the-counter aids for cessation of tobacco use, and tobacco use policies of a representative sample of Navy commands. These factors were examined using the entire sample of commands combined as well as comparing subgroups of large versus small commands, sea versus shore commands, and MTFs versus non-MTFs. Additional information also was gathered on physicians' tobacco-related practices with patients.

Overall Survey Findings

In the area of tobacco use education, the most frequently reported activities involved placing announcements in the "plan-of-the-week" and circulating flyers or displaying posters related to the prevention or cessation of tobacco use. Such activities had a reported frequency of 2 to 3 times per year. Tobacco-related activities typically performed 1 to 2 times per year included the provision of training time (e.g., GMT or safety training), videos on the topic, and pamphlets on tobacco use. It was estimated that about 22% of command personnel attended educational programs related to tobacco use over the course of a year. Most commands rated their educational programs and materials only "somewhat useful" (about 2 on a 4-point scale). The educational materials provided by most commands were from the American Cancer Society, American Lung Association, and American Heart Association.

Only about one-half of all commands offered some type of psychological or behavioral tobacco use cessation program. The specific type most frequently provided was "individual counseling," with almost one-half of all commands offering such counseling one or more times during the year. Additionally, just over one-third of all commands offered stop-smoking clinics at least once during the year. However, it was estimated that only about 14% of total command personnel attended command tobacco cessation programs. Of those individuals who did attend a Navy command cessation program, it was estimated that approximately one-third stopped their tobacco

use and about one-half reduced their tobacco use as a result of the program. However, the overall usefulness of these programs was rated as only "somewhat useful" (2.2 on a 4-point scale). Last, the most frequently announced cessation programs taking place "outside" of the command were referrals to programs offered at MTFs (referred by 57% of commands) and programs at Family Service Centers (referred by 47% of commands).

Responses to questions regarding the availability of over-the-counter aids (i.e., stop-smoking lozenges or tablets, special filters, smokeless cigarettes, quit kits) indicated that such aids, in general, were not widely available at Navy exchanges or commissaries, individual commands, or MTFs. Only one aid, special filters, was reported by a majority (58%) of commands as being available at the nearest commissary/exchange. Only 14% of commands indicated that their command provided any over-the-counter aids, and less than half (42%) of commands reported that their nearest MTF supplied such aids. However, over 80% of commands reported that their nearest MTF did provide nicorette gum, which requires a physician's prescription and is not an over-the-counter aid.

Just over 60% of all commands reported that they had a written policy regarding tobacco use. Approximately three-quarters of these commands furnished a copy of their written policy, and 91% were modeled after SECNAVINST 5100.13A (2). Almost 95% of all commands reported that they had some restrictions on tobacco use inside buildings and that these restrictions were "usually enforced" (3 on a 4-point scale). However, the restrictions were rated as only "somewhat useful" (2 on a 4-point scale) in helping to curb tobacco use among command members.

Command Subgroup Differences

In general, large commands, shore commands, and MTFs more frequently provided both educational materials/programs and psychological/behavioral cessation programs than did small commands, sea commands, and non-MTFs. For example, large commands more often than small commands provided tobacco education (e.g., through GMTs or videos) and support groups for tobacco cessation. Large commands also rated their cessation programs slightly higher than small commands in terms of overall usefulness in helping to curb tobacco use among command members. Over-the-counter cessation aids were supplied by a higher percentage (although still less than 20%) of large

commands than small commands. Announcements regarding cessation programs or services available in the civilian or community sector also were provided more frequently by large rather than by small commands. Thus, in general, large commands appeared somewhat more oriented toward providing tobacco-related programs than did small commands.

Shore commands also were more likely to offer tobacco-related activities and programs than sea commands. For example, shore commands more often scheduled guest lecturers, announced or circulated books on tobacco use, furnished cessation programs (e.g., stop-smoking clinics, support groups, and behavior modification courses/training), and announced cessation programs or services available at other commands (e.g., Family Service Centers). Furthermore, a higher percentage of command personnel at shore facilities attended cessation programs than did personnel at sea commands. Shore commands also rated both their educational training/materials on tobacco use and their cessation programs higher than did sea commands in terms of overall usefulness in helping to curb tobacco use among command members. Last, more than 97% of shore commands had some restrictions on tobacco use inside buildings, whereas, only 88% of sea commands reported such restrictions; shore commands also rated their restrictions on tobacco use as more useful in helping to curb tobacco use than did sea commands.

MTFs also were more likely than non-MTFs to provide <u>any</u> educational materials/programs (including guest lecturers, videos, books) and psychological/behavioral cessation programs (including stop-smoking clinics, support groups, and behavior modification courses/training). MTFs also were more likely to offer over-the-counter cessation aids to personnel wanting to stop using tobacco, although a lower percentage of MTFs than non-MTFs reported that the nearest exchange or commissary carried several of these aids. Of particular note, however, was the finding that 90% of MTFs, compared with only 58% of non-MTFs, reported that they had a <u>written</u> policy regarding tobacco use on base. MTFs also were more likely than non-MTFs to rate their smoking restrictions as highly adequate in providing a smoke-free environment for nonsmokers and to report that their tobacco use restrictions were almost always enforced.

Physician Practices

Only about one-third of MTFs had a routine system for identifying tobacco users by glancing at their medical records. However, it was estimated that approximately 80% of MTF physicians routinely asked patients about their tobacco use and that physicians typically discussed tobacco cessation for 5 to 10 minutes. Of 10 physician practices related to patient tobacco use, three were identified as the activities most frequently performed by physicians: (a) advising pregnant tobacco users of the health risks to the fetus, (b) advising patients to stop using tobacco, and (c) explaining the dangers of tobacco use to patients. The practices least commonly performed by physicians were to get tobacco-using patients to set a quit date and to arrange follow-up visits with patients expressly for continued help with cessation or maintenance. Only 34% of the MTFs reported that their command had received NCI's "Quit for Good" materials. Of those commands, it was estimated that only about one-third of their physicians had received the "Quit for Good" materials and that they were rarely used.

Conclusions and Recommendations

Overall findings indicate that commands should take a more active approach in their tobacco use prevention/cessation efforts. The most frequently provided educational activities (announcements, flyers, and posters) are somewhat passive approaches. Other tobacco-related activities such as GMTs, lectures, videos, and so forth require more involvement and might be more effective. However, the latter activities typically are given only 1 to 2 times during an entire year, and educational programs in general only reach an estimated 22% of command personnel. This estimate that tobacco education programs reach less than one-fourth of command personnel underscores the need for commands to take a more active approach in ensuring that the Navy environment is replete with nonsmoking cues. Such cues in abundance are considered important to help motivate tobacco users to make serious quit attempts, which are critical for eventual successful quitting (6,7).

Findings from this survey also indicate that only about half of Navy commands provide any type of behavioral cessation programs and that attendance at these programs is less than 15% of command personnel. This percentage seems relatively low considering that more than 40% of Navy

personnel smoke cigarettes or use other tobacco products (5). On the other hand, this low percentage is consistent with other research indicating that over 90% of successful quitters and almost 80% of unsuccessful quitters do so on their own without the aid of an organized cessation program (6). The vast majority of smokers quit "cold turkey" on their own. However, the Navy should continue to provide behavioral cessation programs because they do serve an important function helping heavier (i.e., more addicted) smokers to quit (6).

Over-the-counter cessation aids also are not widely available at Navy commands or commissary/exchanges. Thus, although such aids are readily available to Navy personnel if they are willing to purchase them in civilian stores, their low availability from Navy sources is not consistent with delivering a clear message that the Navy would like to see its membership become "smoke-free" by the year 2000. The fact that nearly 40% of all commands report that they do not have a written tobacco use policy or instruction is further evidence that commands could take more active steps in their tobacco use prevention/cessation efforts.

Consistent differences among command subgroups also indicate that small, sea, and non-MTF commands do not provide tobacco cessation activities to the same extent as large, shore, and MTF commands. These differences are probably associated with lower availability and access to resources as well as to some inherent differences among various Navy environments (e.g., sea versus shore and medical versus nonmedical environments). However, differences in the level of prevention and cessation efforts are important to recognize and possibly change, especially for sea commands, of which surface ships have been shown to have a higher percentage of cigarette as well as heavier smokers, and the least success in quitting, than any other Navy community (5).

Survey results from the MTFs suggest a need for a standardized, routine system for identifying tobacco users by glancing at patients' medical records. Although such a system would help physicians identify and track the progress of individuals who use (or are trying to stop using) tobacco, only about one-third of MTFs currently have a system for easily identifying tobacco users. The most common tobacco-related practices of physicians at MTFs are in accordance with SECNAVINST 5100.13A. However, the two least common practices among Navy physicians (getting tobacco-using patients to

set a quit date and arranging follow-up visits for continued help) are ones specifically recommended by the NCI to help patients stop smoking (7,8). Furthermore, it was estimated that self-help materials, such as NCI's "Quit for Good" kits, frequently are not given to patients. Thus, although many physician practices related to patient tobacco use are consistent with commonly recommended guidelines, further efforts would benefit Navy members trying to stop using tobacco.

Specific recommendations to Navy policy makers responsible for reducing the prevalence of tobacco use among Navy members include the following:

1. All Navy commands should take a more active role in helping to motivate tobacco users to make serious quit attempts. To help motivate tobacco users, commands should increase "nonsmoking cues" in the work environment. Such cues include more restrictive smoking policies in work spaces, more active antismoking "advertising" campaigns (e.g., using the "plan-of-the-week," posters, flyers, GMTs, videos, guest lectures), more concerted distribution of self-help materials to as many smokers as possible (not just smokers who ask for them), and strong leadership by top levels of commands in communicating the Navy's goal of becoming "smoke-free" by the year 2000. All Navy commands should be required to have a written instruction delineating the Navy's and the command's policies regarding tobacco use; this instruction also should require routine checks on the implementation of and compliance with policies mandated by the instruction.

2. Special efforts should be directed toward sea commands (surface ships, aircraft carriers, and submarines) to reduce tobacco use. Sea commands currently provide fewer programs and activities oriented toward tobacco use prevention or cessation than do shore commands. This difference is unfortunate because sea commands (particularly surface ships) have a higher percentage of smokers than the Navy at large (5); thus, sea commands have a greater need for such programs. Particularly because ships and submarines tend to be closed environments, stronger (and more strictly enforced) restrictions on smoking are justified to protect the health of nonsmokers. Physicians and independent duty corpsmen assigned to ships and submarines should be given special training in

effective cessation strategies (e.g., certification as instructors for American Cancer Society or American Lung Association cessation programs, guidance regarding proper use of nicotine gum and the transcutaneous nicotine patch when available, and training in strategies to get tobacco-using patients to make serious quit attempts). Moreover, they should be required to provide cessation programs for shipboard tobacco users. Last, and possibly most important, strong leadership from the Commanders in Chief of the different fleets is necessary to communicate to ships' captains the need to create an environment that is conducive to good health and strongly opposed to behaviors that are detrimental to health and readiness.

3. Standardized guidelines for Navy health care providers to help patients stop using tobacco should be prepared and disseminated Navy-wide. Standardized protocols need to be developed for Navy health care providers (e.g., physicians, nurses, dentists, physician assistants, independent duty corpsmen) to follow with their tobacco-using patients. The basic protocol should be consistent with guidelines for physicians recommended by the NCI (8), then tailored to fit the duties and responsibilities of the different types of Navy health care providers. Tailored packets could be prepared to include both the protocol recommended for a given type of health care provider as well as a supply of self-help materials to be given to tobacco-using patients. Existing self-help materials might be used, such as NCI's "Quit for Good" kits or other materials prepared by the American Cancer Society or American Lung Association. These packets should be distributed to all Navy health care providers. Additionally, a standardized, routine system for identifying tobacco users simply by glancing at a patient's records should be adopted by all MTFs.

Although there is substantial room for improvement in the provision of prevention/cessation programs and activities and in the creation of an atmosphere that is serious about being a "smoke-free" environment by the year 2000, the Navy should be given credit for the progress it has already made toward reducing tobacco use among its members. Policy changes that

have already taken place include mandating that MTFs be smoke-free, with all smoking and tobacco sales completely prohibited inside medical buildings. Training commands also have enacted stricter policies regarding tobacco use by students, including a no-smoking policy for recruits during basic training. The Naval Military Personnel Command (NMPC-6) also has funded research addressing the Navy's smoking problem, including research to (a) assess trends in the rate of tobacco use (5), (b) address the issue of whether the Navy is "attracting or creating" smokers (9), (c) examine the association between smoking and performance on the Navy's Physical Readiness Test (10,11), (d) evaluate smoking education programs (12), and (e) document tobacco use among new accessions into the Navy as well as changes in their tobacco use during the first year of service (13). Currently, another large study is being conducted on officer and enlisted accessions into the Navy. This study is designed to assess whether stronger restrictions recently in effect at accession/training sites are having an impact on tobacco use among new Navy members.

The findings from this 1990 survey of tobacco use intervention programs at Navy commands represent an additional research effort providing information regarding the prevalence and types of tobacco-related activities being conducted throughout the Navy. The survey also has supplied information about how the Navy's tobacco use policy is being implemented across different types of commands, including MTFs whose physicians have a special role in effecting the cessation of tobacco use among service members. Such information should help Navy health promotion policy makers develop more standardized and effective tobacco use prevention and cessation programs for Navy-wide dissemination.

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Appendix A

COMMAND TOBACCO USE INTERVENTION SURVEY

Survey response prepared by: [Please print POC's name] _____

POC's position in command:

(1) Executive Officer
(2) Administrative Officer
(3) Chief Petty Officer
(4) Command Fitness Coordinator
(5) Safety Officer
(6) Training Officer
(7) Other:
(Specify)_____

How many personnel are assigned to your command? Number of Officers: _____

Number of Enlisted: _____

[NOTE: In this survey, "tobacco use" can refer to use of cigarettes, cigars, pipes, and/or smokeless tobacco.]

SECTION I. Educational Materials/Programs:

1. During the past year, how often, if at all, has your command provided any of the following educational materials or programs related to tobacco use prevention or cessation? [Note: If materials/programs overlap, count each occurrence: e.g., if a smoking video was shown during a safety training class, count one occurrence for both categories.]

DURING PAST YEAR . . .	Never	Once	Twice	Three times	Four times or more
a. General Military Training (GMT)	0	1	2	3	4+
b. Safety training	0	1	2	3	4+
c. Guest lecturers	0	1	2	3	4+
d. "Plan-of-the-Week" announcements	0	1	2	3	4+
e. Provided or shown videos	0	1	2	3	4+
f. Circulated flyers or displayed posters	0	1	2	3	4+
g. Distributed pamphlets	0	1	2	3	4+
h. Circulated or announced books	0	1	2	3	4+
i. Other (specify): _____		1	2	3	4+
j. Other (specify): _____		1	2	3	4+

2. Over the course of the last year, approximately how many people attended educational programs/classes related to tobacco use? _____

3. With regard to the educational training/materials related to tobacco use which are provided by your command, how would you rate their overall usefulness in helping to curb tobacco use among command members?

(0) NA--None provided | (1) Not at all useful | (2) Somewhat useful | (3) Quite useful | (4) Highly useful

4. If your command has provided educational materials (e.g., pamphlets, books, videos, posters, etc.) related to tobacco use prevention or cessation, who provided these materials to you? (Mark all that apply.)

(0) NA--none are provided
(1) Naval Military Personnel Command
(2) Navy Publications
(3) American Cancer Society
(4) American Heart Association
(5) American Lung Association
(6) National Cancer Institute
(7) National Institutes of Health

(8) Other (please specify)_____

SECTION II. Psychological/Behavioral Programs:

5. During the past year, how often, if at all, has your command provided any of the following tobacco use cessation programs? [Note: If programs overlap, count each occurrence (e.g., if a stop-smoking clinic also included behavior modification training, count one occurrence for both categories.]

DURING PAST YEAR . . .	Never	Once	Twice	Three times	Four times or more
a. Stop-smoking clinics	0	1	2	3	4+
b. Support groups	0	1	2	3	4+
c. Individual counseling	0	1	2	3	4+
d. Behavior modification courses/training	0	1	2	3	4+
e. Other (specify): _____		1	2	3	4+
f. Other (specify): _____		1	2	3	4+

6. Over the course of the last year, how many people attended tobacco use cessation programs at your command? _____

7. How many people stopped using tobacco as a result of the program? _____

8. How many people reduced their tobacco use as a result of the program? _____

9. What percent of the people who attended tobacco use cessation programs fully completed the programs? _____ %

10. With regard to the tobacco use cessation programs provided by your command, how would you rate their overall usefulness in helping to curb tobacco use among command members?

(0) NA–No programs	(1) Not at all useful	(2) Somewhat useful	(3) Quite useful	(4) Highly useful

11. During the past year, has your command provided members any information (e.g., through "Plan of the Week," flyers, posted announcements, etc.) regarding tobacco use cessation programs or services OUTSIDE of your command?

NOTIFICATIONS DURING PAST YEAR . . . Never	Once	Twice	Three times	Four times or more
Programs/services available...				
a. At other commands? 0	1	2	3	4+
b. At Medical Treatment Facilities? 0	1	2	3	4+
c. At Family Service Centers? 0	1	2	3	4+
d. At CAACs? 0	1	2	3	4+
e. Civilian/community programs/services? 0	1	2	3	4+
f. Other (specify): _____	1	2	3	4+
g. Other (specify): _____	1	2	3	4+

SECTION III. Over-the-Counter Aids:

12. Does your nearest exchange or commissary carry any of the following over-the-counter items designed to aid in the cessation of tobacco use? [Please investigate if you do not currently know.]

a. Stop-smoking lozenges	(1) No	(2) Yes
b. Stop-smoking tablets	(1) No	(2) Yes
c. Special filters	(1) No	(2) Yes
d. Smokeless cigarettes	(1) No	(2) Yes
e. Quit kits	(1) No	(2) Yes
f. Other (specify): _____	(1) No	(2) Yes

13. Does your command provide any of the above over-the-counter aids to members who want to stop using tobacco? (1) No (2) Yes

14. Does your nearest medical treatment facility provide:

a. Any of the above over-the-counter aids to members who want to stop using tobacco?	(1) No	(2) Yes
b. Nicorette gum?	(1) No	(2) Yes

SECTION IV. Tobacco Use Policy:

15. Does your command have any written policy regarding tobacco use on base? (1) No (2) Yes

NOTE: IF YES, PLEASE SEND A COPY OF YOUR INSTRUCTION ALONG WITH THIS SURVEY.

16. Does your command have any restrictions on tobacco use inside buildings? (1) No (2) Yes

17. Do you believe that your command's smoking restrictions are adequate for providing a smoke-free environment for nonsmokers?

(0) NA--No restrictions	(1) Not at all adequate	(2) Somewhat adequate	(3) Quite adequate	(4) Perfectly adequate

18. If your command has restrictions on tobacco use on base, how strictly are they enforced?

(0) NA--No restrictions	(1) Never enforced	(2) Sometimes enforced	(3) Usually enforced	(4) Always enforced

19. If your command has any restrictions regarding tobacco use on base, how would you rate their overall usefulness in helping to curb tobacco use among command members?

(0) NA--No restrictions	(1) Not at all useful	(2) Somewhat useful	(3) Quite useful	(4) Highly useful

20. Does your command have any plans for future programs/services or goals regarding tobacco use among members? (If any, please describe:)

_____

_____

SECTION V. Medical Treatment Facilities:

21. When seeing patients, approximately what percent of your physicians routinely ask about the patient's use of tobacco? _____ %

22. In your medical facility, is there a routine system to identify tobacco users by glancing at their medical records? (1) No (2) Yes

If yes, please briefly specify the system (e.g., smoker stamp, form insert)

_____

23. How well prepared would you estimate your physicians are for counseling patients to stop using tobacco products?

(1) Definitely unprepared (2) Not well prepared (3) Adequately prepared (4) Very well prepared

24. When seeing patients, approximately what proportion of your physicians perform the following activities with patients who use tobacco?

	None	Some	Most	All
a. Explain the dangers of tobacco	1	2	3	4
b. Advise to stop using tobacco	1	2	3	4
c. Get patients to set quit date	1	2	3	4
d. Help to develop a cessation plan	1	2	3	4
e. Provide with self-help quit materials	1	2	3	4
f. Make a referral to a stop-smoking program	1	2	3	4
g. Recommend nicotine chewing gum	1	2	3	4
h. Arrange a follow-up visit expressly for continued smoking cessation/maintenance	1	2	3	4
i. Record results of smoking encounter in medical record	1	2	3	4
j. Advise pregnant tobacco users of health risks to the fetus	1	2	3	4

25. On the average, how much time do your physicians spend with a patient when trying to help him/her quit using tobacco?

(0) Do not try
(1) Under 5 minutes
(2) About 5 minutes
(3) About 10 minutes
(4) About 15 minutes
(5) 20 minutes or more

26. During the last year, did your physicians receive any formal training in tobacco cessation approaches to use with patients? (1) No (2) Yes

27. Has your command received the National Cancer Institute's "Quit for Good" materials? (1) No (2) Yes

If NO, stop here. . . THANK YOU FOR COMPLETING THIS SURVEY!

If YES to question 27, please continue...

28. Have the "Quit for Good" materials been distributed to all physicians? (1) No (2) Yes

29. If materials were not distributed to all, about what percent of your physicians did receive the materials? _____ %

30. About how often are these physicians using the "Quit for Good" materials with their patients?

(0) Never (1) Rarely (2) Sometimes (3) Usually (4) Always

THANK YOU FOR COMPLETING THIS SURVEY!

Appendix B

Navy Tobacco Use Program Survey--Respondent's Position in Command

	All Commands	Subgroups				
		Large	Small	Shore	Sea	MTF
Position in command:						
1. Executive Officer (%)	5.0	4.2	5.3	3.1	9.4	--
2. Administrative Officer (%)	2.5	1.7	2.9	3.1	.9	2.6
3. Chief Petty Officer (%)	6.9	7.6	6.6	7.8	4.7	5.3
4. Command Fitness Coordinator (%)	48.6	44.1	50.8	48.8	48.1	28.9
5. Safety Officer (%)	1.9	.8	2.5	2.3	.9	--
6. Training Officer (%)	4.7	5.9	4.1	5.9	1.9	10.5
7. Other (%)	30.4	35.6	27.9	28.9	34.0	52.6
n	362	118	244	256	106	38
Description of "Other" positions for all commands combined:						
Medical Officer/Representative(%)	47.9					
DAPA (%)	12.8					
Tobacco Cessation Coordinator (%)	9.6					
Command Master Chief (%)	8.5					
Commanding Officer/Officer (%) in Charge	7.4					
Various Administrative (%) Positions	13.8					
n	110					

Navy Tobacco Use Program Survey: Officers, Enlisted, and Total Command Personnel

	All Commands	Subgroups				
		Large	Small	Shore	Sea	MTF
Reported # of officers (Mean)	78	147	45	87	57	136
% of total personnel at command	16.9	12.8	18.8	20.1	8.9	27.1
n	350	114	236	248	102	37
Reported # of enlisted (Mean)	484	987	240	384	725	334
% of total personnel at command	83.1	87.2	81.2	79.9	91.1	72.9
n	350	114	236	248	102	37
Total personnel at command (Mean)	562	1134	286	471	783	469
n	350	114	236	248	102	37

Appendix C

Navy Tobacco Use Program Survey--"Other" Responses for All Commands Combined

	All Commands
1. During the past year, how often, if at all, has your command provided any of the following educational materials or programs related to tobacco use prevention or cessation?	
(i) Other	
Intracommand publications and practices (%)	25.3
Civilian program materials (%)	24.2
Great American Smokeout (%)	18.2
Other various programs and methods (%)	32.3
n	85
4. If your command has provided educational materials (e.g., pamphlets, books, videos, posters. etc.) related to tobacco use prevention or cessation, who provided these materials to you?	
(8) Other	
Naval Hospitals/Branch Clinics (%)	29.1
Command developed (%)	7.0
CAAC Center (%)	5.8
Various other sources (%)	58.1
n	82
5. During the past year, how often, if at all, has your command provided any of the following tobacco use cessation programs?	
(e) Other	
Naval Hospital/Clinic Programs (%)	23.1
Great American Smokeout (%)	19.2
Various other programs (%)	57.7
n	24
20. Does your command have any plans for future programs/services or goals regarding tobacco use among members?	
If Yes, please describe:	
Start clinics and counseling (%)	14.5
Change GMT to better fit tobacco use education needs (%)	13.8
Continue education programs and access to cessation programs (%)	10.8
Expand current programs and start new programs (%)	9.6
Use Plan-of-the-Day and Month for announcements and information (%)	9.6
Work toward a specific nonsmoking goal (%)	8.4
Obtain and show videos (%)	4.8
Great American Smokeout (%)	4.3
Various other plans (%)	24.2
n	166

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The objective of this study was to provide information regarding the implementation of Navy tobacco use policy and to document the extent to which tobacco use programs and activities are being conducted at commands throughout the Navy. Such information should help Navy health promotion policy makers develop more standardized and effective tobacco use prevention and cessation programs for Navy-wide dissemination. Commands were surveyed about the tobacco use programs and activities they had conducted during the preceding year. A representative sample of Navy commands as well as all medical treatment facilities were targeted. Questions in the survey were oriented primarily toward gathering information about the prevalence and types of programs and activities being conducted. A separate section regarding physicians' tobacco-related practices with patients was included in the surveys to medical treatment facilities. The vast majority of Navy commands provided some type of educational materials or programs related to the cessation of tobacco use; the most common activities were placing announcements in the "plan-of-the-week," circulating flyers, and displaying posters. However, these activities were typically rated as only "somewhat useful" in helping to curb

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19. tobacco use. Only about half of all commands offered some type of psychological or behavioral tobacco use cessation program. Of those individuals who attended such a program, it was estimated that approximately one-third stopped their tobacco use and about one-half reduced their tobacco use as a result of the program. Over-the-counter smoking cessation aids were not widely available at Navy exchanges, individual commands, or medical treatment facilities. Furthermore, only about 60% of all commands reported that they had a written policy regarding tobacco use, of which most were modeled after SECNAVINST 5100.13A.
Several command subgroup differences were found. In general, large commands, shore commands, and medical treatment facilities more often provided both educational materials/programs and psychological/behavioral cessation programs than did small commands, sea commands, and nonmedical treatment facilities. Only about one-third of medical treatment facilities had a routine system for identifying tobacco users by glancing at their medical records. However, it was estimated that approximately 80% of medical treatment facility physicians routinely ask their patients about their tobacco use. Findings from this survey suggest three primary recommendations for reducing the prevalence of tobacco use among Navy personnel: (1) all Navy commands should take a more active role in motivating tobacco users to make serious quit attempts; additionally, all commands should be required to have a written instruction delineating the Navy's and the command's policies regarding tobacco use, (2) special efforts should be directed toward sea commands (especially surface ships) to reduce tobacco use, as they currently have higher rates of tobacco use but fewer prevention/cessation programs, and (3) standardized guidelines for Navy health care providers to help patients stop using tobacco should be prepared and disseminated Navy-wide; furthermore, a standardized, routine system for identifying tobacco users simply by glancing at a patient's records should be adopted by all medical treatment facilities.